

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

1090, 11-42

FCC Form 481 DOCKET FILE COPY ORIGINAL
OMB Control No. 3060-0386/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	449006	Received & Inspected
<015> Study Area Name	SANTA ROSA TEL COOP	
<020> Program Year	2015	
<030> Contact Name: Person USAC should contact with questions about this data	Jason Tole	JUN 30 2014
<035> Contact Telephone Number: Number of the person identified in data line <030>	9408862214 ext.	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	jason.tole@srcaccess.net	

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 449006TX510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 449006TX610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 449006TX1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	No. of Copies rec'd 012	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	List ABCDE	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	449006
<015>	Study Area Name	SANTA ROSA TEL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jason Tole
<035>	Contact Telephone Number - Number of person identified in data line <030>	9408862214 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jason.tole@srcaccess.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	9408862214 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jason.tole@srcaccess.net

<810> Reporting Carrier Santa Rosa Telephone Cooperative, Inc.

<811> Holding Company

<812> Operating Company

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	449006
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jason Tole
<035>	Contact Telephone Number - Number of person identified in data line <030>	9408862214 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jason.tole@ercaccess.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jason.tole@srcaccess.net

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jason.tole@srcaccess.net

449006TX1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Jason Tole
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jason.tole@srcaccess.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))
 <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

☐
☐
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband

☐
Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐
☐
☐
☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation**Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<030> Contact Name - Person USAC should contact regarding this data	Jason Tole
<035> Contact Telephone Number - Number of person identified in data line <030>	9408862214 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jason.tole@rcaccess.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification [47 CFR § 54.313(f)(1)(i)]

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions [47 CFR § 54.313(f)(1)(ii)]

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☐ ☐
(Yes/No) ☐ ☐

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: SANTA ROSA TEL COOP	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/2014
Printed name of Authorized Officer: Jason Tole	
Title or position of Authorized Officer: Assistant GM/CFO	
Telephone number of Authorized Officer: 9408862014 ext.	
Study Area Code of Reporting Carrier: 449006	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Response Line 510

Santa Rosa Telephone Cooperative, Inc.

Study Area 449006

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) Santa Rosa Telephone Cooperative, Inc. is in compliance with appropriate FCC Service Quality Standards and Consumer Protection Rules. Santa Rosa Telephone Cooperative, Inc. provides CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis. Santa Rosa Telephone Cooperative, Inc. also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages into subscriber's bills and also has signage in its business office regarding CPNI rules and regulations. In addition Santa Rosa Telephone Cooperative, Inc. trains staff on Red Flag issues on an annual basis. All company employees are required to sign and acknowledge that they have completed CPNI and Red Flag training and understand obligations to adherence of applicable rules.

Response Line 610

Santa Rosa Telephone Cooperative, Inc.

Study Area 449006

Functionality in Emergency Situations:

Pursuant to 47 C.F.R. & 54.313(a)(6) and 47 C.F.R. & 54.22(b)(4) as set forth in 47 C.F.R. 54.202(a)(2). Santa Rosa Telephone Cooperative, Inc. meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Santa Rosa Telephone Cooperative, Inc. by use of a fixed generator and batteries that provide it with 6 hours of emergency power. In addition, Santa Rosa Telephone Cooperative, Inc. field electronics have 6 hours of back-up power by use of mobile generators and batteries. Santa Rosa Telephone Cooperative, Inc. also has SONET/DWDM/ATM technology deployed in its core of fiber optic network that is a self-healing and will automatically reroute traffic should a fiber cut occur. In addition Santa Rosa Telephone Cooperative, Inc. has connectivity to the neighboring exchanges of 442141 and 432141 to exchange traffic and also 442141 is the LATA Tandem which further provides capabilities of handling traffic. Lastly, Santa Rosa Telephone Cooperative, Inc. is prepared and capable of managing traffic spikes resulting from emergency situations and has developed procedures for employees to follow during emergency situations.

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<010>	Study Area Code	449006
<015>	Study Area Name	SANTA ROSA TEL COOP
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9408862214 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jason.tole@srcaccess.net

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819
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[illegible]

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jason.tole@srcaccess.net

<810>	Reporting Carrier	Santa Rosa Telephone Cooperative, Inc.
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<811>	Holding Company
-------	-----------------

<812>	Operating Company
-------	-------------------

[illegible]

Response to Line 1010
Santa Rosa Telephone Cooperative, Inc.
Study Area 449006

Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) Santa Rosa Telephone Cooperative, Inc. is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. Santa Rosa Telephone Cooperative, Inc. current total local end-user rate¹ in the range of \$10.94-\$11.94 (which includes a local fee of \$10.55, mandated state fees of \$.39 and mandatory extended area service charges of \$1.00 where applicable) is not above the standard deviation as specified in the USF/ICC Transformation Order.²

¹ Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."

Santa Rosa Telephone Cooperative, Inc.

Terms and Conditions of Service

Vernon Office
1-888-886-2217
M-F 8:30-5:00

Seymour Office
1-877-889-1125
M-F 8:00-5:00

Haskell Office
1-888-863-1125
M-F 8:00-5:00

Customer Rights Information

You have been provided with a telephone directory that includes Customer Rights information and other important telephone information. Every six months you will receive a bill insert directing you to that information.

Lifeline and Tel-Assistance Services

Special reduced rates are available to some customers that qualify based on limited income and or disability. Please call our office for more information.

Descriptions of Services and Charges

Descriptions of the service to which you have subscribed will be presented to you. You have also been provided with a list of the monthly charges for each service to which you have subscribed, and have been informed of the lowest-priced alternative plans available.

The installation fees are one-time non-recurring charges that are not refundable. You will not be required to pay a deposit if a letter of credit from your previous company is provided; or if you are an applicant who is sixty-five (65) years of age or older. If a deposit is required it will be returned with interest after 12 months of paying your telephone bill on time for residential service and 24 months for business service. Any construction charges applicable to your service have been explained to you.

Your membership entitles you to accrue capital credits with the Cooperative, but the Cooperative must make a profit before capital credits are allocated.

Other Charges

Your first bill may also include a prorated amount for the first month of service. Surcharges and taxes on your bill are also assessed each month as a percent of revenue and remitted to the appropriate agency or authority. The Cooperative will charge \$25 for each returned check. If service is disconnected for non-payment a minimum service restoration charge will apply to have service restored.

Billing Cycle

Charges for local service are billed one month in advance. Long distance charges are usually billed one-half to one and one-half months after calls have been made. Your bill is mailed by the 1st of every month, and is due upon arrival. Your payment is considered past due if not paid by the 16th day after issuance.

Cancellation Policy

If service is canceled after the service is installed you will be responsible for the non-recurring installation charges, which will not be refunded.

Contracts and Right of Cancellation

If your service requires a term contract, the minimum contract service terms have been provided to you. Also, if the term of the contract is longer than 31 days, you have six business days from the time the terms and conditions information is sent to you to cancel the contract without penalty or fee.

Anti-Discrimination Policy

Cooperative services are provided without discrimination as to a customer's race, color, sex, nationality, religion, marital status, income level, source of income, or from unreasonable discrimination on the basis of geographic location.

This information is available in Spanish. Esta informacion es disponible Espanol.

Santa Rosa Communications, L.T.D.

Terms and Conditions of Service

Descriptions of Services and Charges

Descriptions and a list of the monthly charges for service to which you have subscribed are furnished for your information. The installation fees are one-time non-recurring charges that are not refundable. If a deposit is required it will be returned with interest after 12 months of paying your telephone bill on time for residential service and 24 months for business service.

☐ Other Charges

Your first bill may also include a prorated amount for the first month of service. Surcharges and taxes on your bill are also assessed each month as a percent of revenue and remitted to the appropriate agency or authority. If service is disconnected for non-payment a minimum service restoration charge will apply to have service restored.

SRC Long Distance

☐ Service Plans

Residential	Residential	Business	Business
<u>Flat Rate:</u> \$0.10 / minute	<u>Peak/Off Peak Plan:</u>	<u>Peak/Off Peak Plan:</u>	<u>Flat Rate:</u> \$0.12 / minute
<u>One Rate:</u> \$4.95 plus \$0.07 / minute	Peak: \$0.11/min	Peak: \$0.13/min	<u>One Rate:</u> \$4.95 plus \$0.09 / minute
<u>Volume Discount Rates:</u>	7 a.m. – 6:59 p.m.	7 a.m. – 6:59 p.m.	<u>Volume Discount Rates:</u>
Varies \$0.07 to \$0.11 / min	M – F	M – F	Varies \$0.07 to \$0.13 / min
<u>48 States:</u> \$30.00 / month	Off Peak: \$0.09/min	Off Peak: \$0.11/min	
Includes 48 contiguous states	All other times	All other times	

☐ PIC Freeze

A Preferred Carrier Freeze is available to sign, so Santa Rosa Telephone Coop, Inc. will not change the carrier providing service without your direct authorization by verbal or written request.

☐ Toll Free Numbers

Toll Free Numbers are available to you without a monthly service fee, but \$0.15 per minute will be charged to the customers' bill when toll free numbers are used.

This information is available in Spanish. Esta informacion es disponible Espanol.

Line 3017 – Not Required for CLEC